



# 2020 Music for All Summer Symposium High School Student Registration—Residential

**Ball State University, Muncie, IN • Monday, June 22, 2020 – Saturday, June 27, 2020**  
**Leadership Weekend Experience: Saturday, June 20, 2020 – Sunday, June 21, 2020**



CONF

**Please print clearly.** Please mail completed form to Music for All, 39 W. Jackson Place, Suite 150, Indianapolis, IN 46225 or fax to 317.524.6200. Photocopy completed application for your records.

## Student Information

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ First Name for Name Badge \_\_\_\_\_

Email Address (All camp information will be sent to this email address.)\*\* \_\_\_\_\_

Secondary Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ County \_\_\_\_\_

Primary Phone (with Area Code) \_\_\_\_\_ Phone Type:  Home  Work  Mobile\*

Alternate Phone (with Area Code) \_\_\_\_\_ Phone Type:  Home  Work  Mobile\*

- \*Music for All may send text message camp alerts to this cell phone. Standard text messaging rates may apply.
- \*\*Please send information on Music for All programs in addition to camp to this email address

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

**T-Shirt Size** (Shirt sizes are Adult Male Sizes):  S  M  L  XL  XXL

**Year of H.S. graduation:**  20  21  22  23  24  Other

## School Information:

School Name \_\_\_\_\_

Director First and Last Name \_\_\_\_\_

Director Email Address \_\_\_\_\_

School Phone (with Area Code) \_\_\_\_\_

School Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## Camp Schedule – Please note start and end times and make travel plans accordingly.

Full Week meals for Residential begins with dinner Monday (6/22) and end with lunch Saturday (6/27). Leadership meals begin with dinner Saturday (6/20) and end with Monday (6/22) lunch. Supervision is provided beginning at 6 p.m., Sunday (6/21) for full week, and 6 p.m., Friday (6/19) for Leadership Weekend.

Registration, Leadership Weekend.....	8 a.m., Saturday, June 20, 2020
Opening Session, Leadership Weekend.....	1 p.m., Saturday, June 20, 2020
Registration, Full Week.....	8 a.m., Monday, June 22, 2020
Placement hearings.....	8 a.m., Monday, June 22, 2020 (Concert, Jazz, Percussion, Color Guard, Orchestra Only; No hearings in other areas.)
Opening Session, Full Week.....	1 p.m., Monday, June 22, 2020
Camp Ends.....	3 p.m., Saturday, June 27, 2020

## Late/Change Fees and Cancellation Policy

**ALL cancellations: Before June 1**—Music for All will retain \$250 as a non-refundable deposit portion of registration fee, refunding balance paid. **After June 1**—Music for All will retain 100% of registration fee, no refunds.

**\$75 Late Registration Fee applies:** If an applicant registers or pays after May 20.

**\$20 Change Fee applies after May 20:** 1) For any roommate changes; 2) For any housing date changes; and 3) For late receipt of TBA names, housing, and roommate changes.

**Lost, Stolen or Damaged Items:** BSU imposes a penalty for lost/stolen items needing replacement including room keys, meal wrist bands and damage to BSU property. We will charge the applicant for these replacement charges. Further details will be in the Final Packet.

**NOTE FOR BAND DIRECTORS: You can reserve spots and pay in advance for applicants "To Be Announced." HOWEVER, you must provide names for the TBA spots by May 20, 2020, or a \$20 change fee per application will apply.**

## Payment Method

**Payment MUST accompany application.**

Check is enclosed.

**Make Checks Payable to Music for All.**

Charge Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_ CVV \_\_\_\_\_

Billing Address, City, State, Zip \_\_\_\_\_

Signature \_\_\_\_\_ Print name of cardholder \_\_\_\_\_

**DEPOSIT OPTION:** Automatic payment to the credit card listed above. Music for All is authorized to charge the balance on May 20, 2020.



**PAYMENT – Choose one:**  I want to pay the full fee **OR**  I want to pay the \$250 deposit fee.....TOTAL = \$ \_\_\_\_\_

## Registration Fee Payment Options Choose one:

- Super Saver Fee—Full payment postmarked on or before January 31, 2020 (Lock in price with \$250 by January 31, pay balance by May 20).....\$639 = \_\_\_\_\_
- Early Bird Fee—Full payment postmarked on or before March 31, 2020 (Lock in price with \$250 by March 31, pay balance by May 20).....\$699 = \_\_\_\_\_
- Full Fee—Postmarked on or before May 20, 2020.....\$759 = \_\_\_\_\_
- Leadership Weekend ONLY (June 20-21) For those NOT enrolled in Full Symposium Week. Postmarked on or before May 20, 2020.....\$395 = \_\_\_\_\_

## Add Student Leadership Workshop (Must be Added to Full Week)

- Student Leadership Weekend Experience (June 20-21) If registered on or before May 20, 2020 (Sunday night housing, June 21, is included in the Leadership Fee for Leadership Weekend students.).....\$260 = \_\_\_\_\_
- Check here if you are a returning Music for All Leadership Weekend Experience camper.

## Additional Nights Housing (For registered participants only, for travel purposes, select all needed)

- Friday, June 19, 2020 (Available to leadership student participants only. Includes Friday night double room in residence hall & meals beginning with dinner Friday, June 19 through lunch Saturday, June 20).....\$80 = \_\_\_\_\_
- Sunday, June 21, 2020 (Full week early arrivals for travel purposes, Includes Sunday night double room in residence hall & meals beginning with dinner Sunday, June 21 through lunch Monday, June 22).....\$80 = \_\_\_\_\_
- Saturday, June 27, 2020 (Includes Saturday night double room in residence hall and meal Saturday night.).....\$60 = \_\_\_\_\_

## Late Fees and Scholarships

- Add Late Registration Fee (for registrations or payments after May 20, 2020. Application must be postmarked by May 20 to avoid the late fee.....\$75 = \_\_\_\_\_
- Apply Instrumental Merit Scholarship (**For Concert Band, Jazz, Orchestra and Symphonic Percussion ONLY.** Verification of eligible honor ensemble membership – certificate of membership or teacher certification – must accompany application. Amounts (Deduct From your total): National Honor Ensembles Scholarship \$200 savings; All-State Scholarship \$150 savings; All-City/District Scholarship \$75 savings.....\$\_\_\_\_\_ = \_\_\_\_\_

**Continued on Back—Registration is not complete without both sides.**

Date Entri

ID #

Amnt \$

CC/Check #

Date

Parent/Guardian Information (in case of emergency)				Medical History:		
Parent/Guardian	First	Last	Relationship	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Chicken Pox
Home Address	City, State		Zip	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	<input type="checkbox"/> Measles
Home Phone (Area Code)	Cell Phone (Area Code)			<input type="checkbox"/> Heart defect/murmur	<input type="checkbox"/> Surgery (past 2 years)	<input type="checkbox"/> Mumps
Parent/Guardian Email Address (can include more than one)				Last Tetanus/Diphtheria immunization date _____ MM / DD / YYYY		
Second Parent/Guardian	First	Last	Relationship	Brief descriptions and dates of items checked _____		
Home Address	City, State		Zip	Medications – type, dose, and frequency (list) _____		
Home Phone (Area Code)	Cell Phone (Area Code)			Allergies – include allergies to medications, foods, sting, other substances (list) _____		
Secondary Parent/Guardian Email Address (can include more than one)				Physical, medical or other restrictions that would limit camp activities _____		
If above not available, in an emergency, contact:				<b>Insurance Carrier</b>		
Emergency Contact	First	Last	Relationship	Policy Holder Name _____		
Home Address	City, State		Zip	Policy # _____	Group/Plan # _____	Policy Holder Birthdate _____
Home Phone (Area Code)	Cell Phone (Area Code)			Family Physician _____ Physician Phone (Area Code) _____		
Secondary Parent/Guardian Email Address (can include more than one)				<input type="checkbox"/> Copy of the front and back of your insurance policy card is attached-must accompany registration form		
If above not available, in an emergency, contact:				<input type="checkbox"/> <b>NO INSURANCE. (Students ARE able to attend camp without insurance.)</b>		

### Housing Information

**Gender:**  Female  Male  
 Select this option if you are in need of alternative housing information. Please call Music for All at 800.848.2263 to discuss your specific housing circumstances.

**Roommate Preference:** Roommate preferences can only be considered if **BOTH** people request each other with their initial application. Roommate requests are not guaranteed. Maximum **TWO** people per room. Room and roommate assignments will not be available until on-site camp registration. Adults and students cannot be roomed together. You cannot request roommate "To Be Announced." You and your requested roommate must have the same housing dates in order to be considered. Any changes after 5/20 will be subject to \$20 change fee per person. **High school and middle school students may not room together.**

Roommate Preference Full Name: \_\_\_\_\_ School, State: \_\_\_\_\_

Roommate Preference Email Address: \_\_\_\_\_

### Area of Study: Select Only One

**Leadership Weekend Only**  
June 20-21, 2020

**Bands of America Drum Major Institute**  
 I will be bringing a Mace for Mace sessions.  
 I have added BOA DMI, 2020 will be my:  
 2nd time  3rd time  4th time

**"Get on the Bus" Routes:**  
 "I would be interested in riding a 'Get on the Bus' route if one departed from my area.  
 See details at [musicforall.org/bus](http://musicforall.org/bus)

**Concert Band**  
 Flute  
 Oboe  
 Bassoon  
 Clarinet  
 Bass Clarinet  
 Alto Saxophone  
 Tenor Saxophone  
 Baritone Saxophone  
 Trumpet  
 French Horn  
 Trombone  
 Bass Trombone  
 Euphonium  
 Tuba

**Jazz Band**  
 Alto Saxophone  
 Tenor Saxophone  
 Baritone Saxophone  
 Trumpet  
 Trombone  
 Bass Trombone  
 Piano/keyboard  
 Guitar  
 Acoustic Bass/Bass guitar  
 Drum Set

**Marching Band**  
 Piccolo  
 Flute  
 Clarinet  
 Bass Clarinet  
 Alto Saxophone  
 Baritone Saxophone  
 Trumpet  
 Mellophone/French Horn  
 Baritone/Euphonium  
 Trombone  
 Tuba/Sousaphone  
*Marching Percussion is NOT part of the Marching Band Division; select Percussion Symposium*

**National Percussion Symposium**  
 Marching Percussion  
*My instrument is:*  
 Snare  
 Multi-Toms  
 Bass Drum  
 Symphonic Percussion  
*Drum Set students, select Drum Set in the Jazz Band area*  
*Marching Percussion is NOT part of the Marching Band Division.*

**Music Production Boot Camp**

**Color Guard (Choose only ONE):**  
 Flag  
 Rifle  
 Sabre

**Orchestra**  
 Violin  
 Viola  
 Cello  
 Double Bass

### Parental Consent Form/Responsibility Clause – Please Read Carefully and Fill Out Completely.

I hereby give permission for \_\_\_\_\_ to participate in the 2020 Music for All Summer Symposium listed on the front of this application. I understand that Music for All, Inc., Bands of America, Orchestra America, and their respective officers, directors, agents (including Ball State University, JEN Jazz Education Network, Indianapolis Symphony Orchestra, Delaware County and their respective directors, officers, employees and agents) and employees shall not be nor later become, liable or responsible in any way in conjunction with services, for any death, injury, damage, delay or irregularity which may occur while participating in this Music for All sponsored event (the "Sponsored Event").

Also, in case of emergency, **I hereby give my consent for a qualified physician to perform any medical or surgical procedures** s/he deems necessary to the welfare of this applicant while participating in the Sponsored Event. I hereby give permission to the Music for All and Bands of America nursing staff to observe students self-administering prescription medication and non-prescription medication during the sponsored event. It is understood that Music for All and medical personnel will make every attempt to contact parents, guardians or relatives listed above prior to taking any such actions, but in the event I or they cannot be reached for an emergency, I hereby give permission to the physician selected by Music for All to secure and administer such treatment(s) as may be necessary, including hospitalization, for my child as named above and while attending the Sponsored Event. I also authorize Music for All and its agents to release copies of my son/daughter's medical record to hospitals and other physicians to which they are referred and to insurance companies for payment of a medical claim. A photocopy is as valid as the original.

Further, this authorization permits said physician and medical professionals to hospitalize, secure appropriate consultation, order injections, anesthesia (local, general or both) or surgery for this applicant if such emergency conditions warrant. The undersigned does hereby assume and agree to pay any indebtedness or physician's or surgeon's fees and hospital charges for such service, and for any ambulance or any other emergency transportation that may be needed. **Music for All requires participants to have a physical examination performed within the preceding 36 months of the camp by a qualified physician, registered nurse or other person recognized by law to undertake that responsibility.** In certain cases, Music for All may request/require written evidence of physical exam.

We hereby irrevocably grant to Music for All, Inc., Bands of America, Orchestra America and their respective agents, licensees and assigns, **the right to use in any and all media** and in any and all forms this applicant's name, likeness, photographic prints and any reproduction of his or her sounds, performance or appearance while attending the Sponsored Event, for any purpose including promotion, advertising or otherwise. I understand I will not be paid any royalty or other compensation. With the use of the rights, we hereby waive and release Music for All, Inc., Bands of America, Orchestra America and their respective agents, licensees and assigns from all claims, liabilities and/or damages which now or in the future may arise from such use.

**We acknowledge that the minor/applicant is responsible for the safety and security of his or her musical instruments, equipment and personal belongings** and for loss or damage arising from mischievous acts, vandalism, theft or other causes. We the undersigned understand that the Sponsored Events are a smoke free and drug-free environment and that consumption of alcohol or unlawful drugs or the smoking of any substance is prohibited and will be grounds for immediate dismissal from the program without refund. If a serious problem of misbehavior of the minor should arise and in the judgment of the Music for All officials the minor should be sent home before the end of the Sponsored Events, we authorize Music for All to take such action. **I, the undersigned, have read, understand and accept the "Late/Change Fees and Cancellation Policy" on the front of this registration form and the foregoing statements and policies.**